

# JUVENILE CRIME ENFORCEMENT AND ACCOUNTABILITY CHALLENGE GRANT II PLANNING GRANT INVOICE

## GENERAL INFORMATION

(1) **C O N T R A C T**  
**N U M B E R**

(2) **I N V O I C E**  
**N U M B E R**

(3) **County:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(Please include city and zip code)

**Telephone:** (\_\_\_\_) \_\_\_\_\_

(4) **Report Period:** From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

## B U D G E T

Categories		(A) State Funds	(B) Prior Expenditures	(C) This Period	(D) Balance
(5)	County Staff				
(6)	Travel/Per Diem				
(7)	Professional Consultant Services				
(8)	Other (Describe below)*				
(9)	Subtotal				
(10)	Administrative Overhead				
(11)	Total				

## BUDGET RECAP

**Request for State Funds:**

(12)

(E) To Date	(F) This Period

\* Other \_\_\_\_\_

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## PROJECT STATUS

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### 13-A. Planning Activities:

### 13-B. Other Grant Related Activities or Information:

## SIGNATURES

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*I certify that this report is accurate and in accordance with Board of Corrections regulations, policies, and procedures. I further certify these are actual expenditures and all funds received from the Board are in reimbursement of funds expended for the purpose of liquidating obligations legally incurred or will be expended within 30 days for the payment of the State's share of the eligible expenses incurred in the previous month, as required under the grant contract.*

### **Chairman Juvenile Justice Coordinating Council**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### **County Contact Person**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Financial Officer**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# CHALLENGE GRANT II PLANNING GRANT INVOICE

## INSTRUCTIONS FOR COMPLETING PLANNING GRANT INVOICE

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To ensure timely payment of funds, this invoice must be complete and accurate. All amounts should be expressed in whole dollars. Complete this form as follows:

### **General Information**

- Item 1:** State assigned Contract Number found on contract face sheet.
- Item 2:** Chronological number of this invoice, based on the invoices submitted by your county.
- Item 3:** Name of county and address to which the State shall mail payments. Please include telephone number.
- Item 4:** Indicate the beginning and ending dates of the time period this request for payment covers.

### **Budget**

- Items 5-12:**
- A. State Funds. Represents line item amounts approved in the grant contract budget.
  - B. Prior Expenditures. The amount of all prior expenditures of state funds in each category claimed in previous invoices.
  - C. This Period. Represents the amount of State funds expended during this report period.
  - D. Balance. Represents the balance of remaining State funds.
  - E. To Date. Represents the total amounts of State funds previously requested plus the amount requested in this invoice.
  - F. This Period. Represents the total amount requested in this invoice.

### **Project Status**

**Item 13-A:** This area is to be used to provide a summary of planning activities and/or products completed during this report period. This is the only interim activity report required during the grant period leading to the final products identified in the grant contract.

**Item 13-B:** This area is made available for additional information as necessary, such as budget line item variations up to 30%. (Requests for budget line item variations above 30% must be made in writing and approved by the Board of Corrections.)

**Mail To:** Board of Corrections  
600 Bercut Drive  
Sacramento, CA 95814